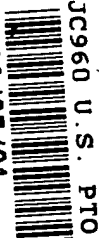


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JC960 U.S. PTO

Please type a plus sign (+) in this box → ☒

12-18-01

PTO/SB/50 (08-00)

AIRE

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DIVISIONAL REISSUE PATENT APPLICATION TRANSMITTAL

Address to: **BROADENED REISSUE
Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231**

Attorney Docket No.	MTS-520US5
First Named Inventor	Mitsuaki Oshima
Original Patent Number	5,761,301
Original Patent Issue Date (Month/Day/Year)	June 2, 1998
Express Mail Label No.	EL741592749US

APPLICATION FOR REISSUE OF:
(check applicable box)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent
format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Substitute Reissue Oath / Declaration (original or copy)
and copy of Defective Declaration (37 C.F.R. §
1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No

(If Yes, check applicable box(es))

☒ Written Consent of all Assignees (PTO/SB/53)☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of
(PTO/SB/96) Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Statement of status/support for all changes to the claims. See
37 CFR 1.173(c).
8. ☐ Original U.S. Patent for surrender
☐ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☒ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☒ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
11. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☒ Other: Copy of Offer to Surrender

14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	Allan Ratner				
Address	P.O. Box 980				
City	Valley Forge	State	PA	Zip Code	19380
Country	U.S.A.	Telephone	(610) 407-0700	Fax	(610) 407-0701

NAME (Print/Type)	Allan Ratner	Registration No. (Attorney/Agent)	19,717
Signature		Date	December 7, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Docket Number (Optional)
MTS-520US5**DIVISIONAL REISSUE APPLICATION FEE
TRANSMITTAL FORM****Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 43	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 08	* 00	X\$ = X\$ =		O r	X\$ =
(C) 07		(D) 02	* 00				X\$ =
Basic Fee (37 CFR 1.16(h))					\$		\$ 740.00
Total Filing Fee					\$	OR	\$ 740.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	X\$ =	O r	X\$ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	X\$ =		X\$ =	
Total Additional Fee					\$	OR	\$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 27 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 18-0350.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 740.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

December 7, 2001

Date

Signature of Applicant, Attorney or Agent of Record

Allan Ratner, Reg. No. 19,717

Typed or printed name

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): M. Oshima et al.

Docket No.

MTS-520US5

Serial No.

To Be Assigned

Filing Date

Herewith

Examiner

Group Art Unit

Invention: MARK FORMING APPARATUS, METHOD OF FORMING LASER MARK ON OPTICAL DISK, REPRODUCING APPARATUS, OPTICAL DISK AND METHOD PRODUCING OPTICAL DISK

I hereby certify that the following correspondence:

Reissue Divisional Application and its related enclosures

(Identify type of correspondence)

Is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to:

The Assistant Commissioner for Patents, Washington, D.C. 20231 on December 7, 2001

Kathleen Libby

(Typed or Printed Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

EL741592749US

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